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STATEMENT OF

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BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE

WITH RESPECT TO

PENDING HEALTH CARE LEGISLATION

WASHINGTON, D.C.

MAY 23, 2007

MR. CHAIRMAN AND MEMBERS OF THIS COMMITTEE:

On behalf of the 2.4 million men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I would like to thank you for the opportunity to testify at today's hearing on veterans health care legislation.

S. 117

The VFW is pleased to support this legislation, introduced by Senator Obama, which makes a number of improvements in the care and treatment of those service men and women who are separating from service.

Title I of this bill would require these men and women to receive a mental health evaluation within 30 days of their return from deployment, and would extend medical care and services to these veterans based upon the results of these evaluations regardless of whether they are directly connected with a service connection if they seek treatment within five years of separation.

This is important because it gives the benefit of the doubt to these veterans for their illnesses and mental health problems they may suffer, and provides them access to these essential services without having to endure the VA disability claims process for access to care beyond their initial two years of eligibility. The bottom line is that if veterans are having problems, under this legislation, they would be cared for.

We support other sections of this legislation that would require the Department of Defense to provide servicemembers with an electronic copy of their medical and military records. This has been a long-time goal of the VFW, and we view it as an essential component of the seamless transition. We understand that DOD has made limited progress in this regard, but the time for action is now. We also support this bill's efforts to improve outreach to members of the National

Guard and Reserves, and its reporting requirements to provide meaningful statistics on the health care and services provided to veterans of the Global War on Terrorism.

#### S. 383

Introduced by Senator Akaka, the VFW is pleased to support S. 383, legislation that would extend the period of eligibility for health care for combat service during the Persian Gulf War from two years to five years.

Currently, veterans OEF/OIF veterans who enroll in the VA health care system are included as category six veterans and are entitled to use VA as their health care provider for two years following their discharge. For those who enroll after this two-year period, they are enrolled as any other veteran would be and, if they fall in category 8, are excluded from the system.

As we learn more about the illnesses, disabilities and health care needs of those returning, this is an important change, and would allow many of these veterans to receive the care and benefits they need. For those suffering from mental health issues - such as PTSD - the symptoms they show might not immediately manifest themselves, or they may need time to come to terms with the knowledge that they need treatment. If they fall outside the two-year window and qualify for health care under category 8, they cannot access VA health care unless they can demonstrate a service connection - a process that takes, on average, six months or more.

For those suffering from the effects of mental health illnesses, or for veterans who are affected by Traumatic Brain Injuries, changing the law to extend their eligibility is a compassionate and right thing to do.

#### S. 472

The VFW is pleased to support this legislation, introduced by Senator Allard that would authorize \$523 million to construct a replacement VA Medical Center in Denver, CO. This facility, to be built on the former Fitzsimons Army hospital site, has received prior year's authorization for a portion of the construction costs.

The VFW has long supported the Capital Assets Realignment for Enhanced Services process (CARES) and we continue to support the process, especially in how it prioritizes VA's construction needs. Table 4-9 of VA's 5-Year Capital Plan identifies and prioritizes VA's construction needs, and Denver's project is ranked 3rd on the list. Accordingly, Congress must authorize and appropriate sufficient funding to complete this project.

#### S. 479

##### The Joshua Omvig Suicide Prevention Act

The VFW is pleased to support this legislation, which aims to create a comprehensive program of suicide prevention among veterans. Due to the nature of high-stress combat in the current war and the beginning of a de-stigmatization of mental-health disorders, many veterans are beginning to seek the care they need, and diagnosis of post-traumatic stress disorder (PTSD) are on the increase, but more can be done.

This legislation, introduced by Senator Harkin, would require VA to train its employees to identify suicide risk factors and protocols for responding to veterans who are at risk.

Additionally, it would create programs of outreach among veterans and - importantly - their families, a critical system of support.

These programs are essential because we can and must do more to ensure that no veteran slips through the cracks, and that they all have access to the highest quality mental health services they need to make them whole. It is a national tragedy that so many are suffering, but with a proactive VA, we can all make a positive impact on the lives and care of thousands of our returning heroes.

#### S. 610

The VFW has no objection to this legislation, introduced by Senator Rockefeller that would make changes to the retirement annuity for certain health-care professionals within VA.

#### S. 692

Introduced by Senator Obama, the VFW is pleased to support the VA Hospital Quality Report Card Act, legislation that would require VA to develop and implement a system to measure data about its health care facilities.

This data would be of great service. It would allow veterans to compare the quality of service VA provides, letting them make informed judgments about their health care. It would allow VA to identify areas of improvement, and it would provide essential data for Congress to better use its essential oversight authority.

#### S. 815

##### Veterans Health Care Empowerment Act

The VFW strongly opposes this legislation, which would allow any veteran to elect to receive contracted care whenever they choose. As we have acknowledged in our comments to previous legislation, there are certainly cases where contract care is appropriate. Indiscriminate use of it in place of utilizing VA's own health care resources, however, is misguided.

First, we reiterate our concerns with the costs of such care. Fee-basis care is more expensive than that of VA, and we believe that it would do great harm to those veterans who elect to stay in the high-quality VA health care system by taking away funding for the system as a whole.

Second, we have strong concerns about the viability of the health care system should this bill be enacted. VA has four essential missions, all of which depend on one another, and which greatly improve the quality of care for all Americans, not just our veterans. 1) It serves as the health care system for this nation's sick and disabled veterans; 2) It acts as the primary education and training grounds for America's health care professionals (48,000 medical residents and students receive training at VA each year); 3) It provides world-class research opportunities and the development of new medical technologies, and; 4) It is the backup to the Department of Defense health system in national emergencies.

We cannot lessen one of these missions without sacrificing the others. Reducing the number of veterans seeking care from VA would do irreparable damage to the others, affecting all Americans.

Further, contract care would present problems, especially with the continuum of care and VA's ability to monitor and track the health care needs of veterans over their entire lives. It would also potentially erode the quality of care VA provides, especially with respect to the illnesses and disabilities veterans suffer from, such as gunshot wounds or prosthetics, and for which VA is uniquely qualified to treat.

Although this legislation, introduced by Senator Craig, aims to expand the coverage available to veterans, it would only dilute the quality and quantity of the services provided to new and existing veterans today and into the future. That is unacceptable.

#### S. 874

The VFW supports S. 874, "The Services to Prevent Veterans Homelessness Act of 2007," introduced by Senator Burr of this Committee. A great tragedy and embarrassment, now confronting, this nation is the high level of homelessness among the veteran population. This legislation, directing the Secretary of Veterans Affairs to provide financial assistance to eligible private nonprofit organizations or consumer cooperatives to provide and coordinate the provision of various supportive services for very low-income veteran families occupying permanent housing, addresses this issue. It is directed toward preventing homelessness from occurring in the first place. We also support that the Secretary is required to conduct a two-year study of the effectiveness of the assistance program in meeting the needs of very low-income veteran families.

#### S. 882

The VFW supports this legislation, introduced by Senator Menendez, which would create a pilot program to improve the seamless transition for separating service members. It would award grants to organizations who help veterans, especially those with serious wounds, women and members of the Guard and Reserves with applying for benefits and services within VA.

Expanding outreach efforts so that all our veterans understand the benefits that they are entitled to is a worthy goal, and would be of great benefit to those who truly need VA's services to transition back into society.

#### S. 994

The VFW supports and appreciates S. 994, the Disabled Veterans Fairness Act introduced by Senator Tester together with Senator Salazar. This bill eliminates a \$3 per round trip deductible charged by the Secretary of Veterans Affairs in connection with the veterans beneficiary travel program. It further directs the Secretary, in determining the amount of such allowance or reimbursement, to use the mileage reimbursement rates for the use of privately owned vehicles by government employees traveling on official business. For many veterans who live far from a VA hospital or community health center, transportation remains the single biggest obstacle to care. Today, disabled veterans are eligible to have only a small fraction of their transportation costs reimbursed.

This legislation will go a long ways in addressing this unfortunate situation.

#### S.1026

The VFW supports this bill introduced by Senator Chambliss to designate the Department of

Veterans Affairs Medical Center at 1 Freedom Way in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center." Congressman Norwood was a life time VFW member and a staunch supporter of veterans as well as our active duty military.

#### S. 1043

The VFW has no objection to this legislation introduced by Senator Feinstein directing the Secretary of Veterans Affairs to report to Congress on the master plan of the Department of Veterans Affairs (VA) relating to the use of VA lands of the West Los Angeles Department of Veterans Affairs Medical Center, California, as originally required under the Veterans Programs Enhancement Act of 1998. This bill also requires an alternative report, on the development of the master plan, if the master plan does not exist as of the date of enactment of this Act and further prohibits the Secretary from implementing any portion of the master plan until 120 days after its receipt by the congressional veterans' and appropriations committees.

#### S. 1147

The VFW applauds the introduction of S. 1147 by Senator Murray of this committee. The Honor Our Commitment to Veterans Act Directs the Secretary of Veterans Affairs to administer the health care enrollment system of the Department of Veterans Affairs so as to enroll any eligible veteran who applies. The fact that tens of thousands of so called category 8 veterans are denied access to VA medical care simply because their incomes exceed an unreasonably low threshold is a travesty. This bill would rectify this situation.

#### S. 1205

The VFW supports S. 1205. A bill, introduced by Senator Smith, to require a pilot program on assisting veterans' service organizations and other veterans' groups in developing and promoting peer support programs that facilitate community reintegration of veterans returning from active duty. The effectiveness of peer support has been well documented in the wake of the Vietnam conflict. Specifically, for mental health disorders like PTSD and depression, peer-support programs have shown that participation yields improvement in psychiatric symptoms and decreased hospitalizations, the development of larger social support networks, enhanced self-esteem and social functioning, as well as lower services costs. Unfortunately peer support is not as readily available as might be expected. This bill to increase the presence of the VFW and other VSOs and members of the veteran's community in this vital area is a very sound initiative to provide much needed support to veterans in need on a highly cost effective basis.

#### S 1233

The final bill under discussion today is S. 1233, the Veterans Traumatic Brain Injury Rehabilitation Act of 2007. The VFW is pleased to support this legislative initiative introduced by Chairman Akaka and Ranking Member Craig to provide enhanced intervention, rehabilitative treatment and services to veterans with traumatic brain injury. Traumatic Brain Injury or TBI is the signature wound of the current war in Iraq. Improvements in body armor and more rapid and effective medical interventions are resulting in individuals surviving bomb blasts and other concussive injuries that would not have been possible in previous conflicts. Tragically, though, along with amputations many of these survivors now suffer from TBI resulting in varying degrees of cognitive impairment, reduced concentration and ability to focus on more than one

thing at a time and emotional distress. This has profoundly negative implications for these injured warriors as well as their families and dependents.

While in all likelihood TBI has always been one of the injuries of modern warfare, it went unrecognized. And there may be no doubt that it has never been as prevalent as it is today. The severity of resulting impairment, the physiological and psychological consequences and the duration of this disability are at this point in time but vaguely understood. Modern medicine and medical science are just now addressing TBI.

It is for this reason that the measures called for in S. 1233 are so important.

The VFW supports all of the recommendations and findings contained in this bill. We place special emphasis on Sec. 3's requirement that the Secretary develop and implement individual rehabilitation plans as well as Sec. 5's establishment of severe traumatic brain injury research, education and clinical care program within the Department of Veterans Affairs.

Mr. Chairman, this concludes my testimony. I would be happy to respond to any questions you may have.

Thank you.